

POLICY NAME: Hybrid Entity
DATE: (facility to insert date here)
NUMBER: (facility to insert number here)

Purpose: To facilitate compliance with the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164, the Health Information Technology for Economic and Clinical Health Act (HITECH) component of the American Recovery and Reinvestment Act (ARRA), and any and all other Federal regulations and interpretive guidelines promulgated hereunder. To establish guidelines for the proper use of the hybrid entity designation as defined by the HIPAA Privacy Standards.

Policy: A facility that performs both covered and non-covered functions, as outlined below, may designate itself as a hybrid entity under the HIPAA Privacy Standards. The health care component(s) of the facility, including all business associate functions, must comply with all of the requirements of the HIPAA Privacy Standards; however, the non-health care component(s) of the hybrid entity are not covered by the Privacy Standards. The facility, including its business associates, must not disclose protected health information (PHI) to the non-health care component of their facility.

Refer to the HIPAA Privacy Standards, 45 CFR Parts 160.101 and 164.501, and IP.PRI.001, the Patient Privacy Program Requirements Policy, for definitions.

Procedure:

1. Determine if the facility performs both covered and non-covered functions (*e.g.*, employer, health fairs or community service medical tents).
2. Designate the facility as a hybrid entity.
 - a. The Privacy Committee must reflect such designation in meeting minutes before a facility may take advantage of the hybrid entity status.
 - b. Each non-covered function (*e.g.*, category of health fairs, medical tent for the Music City marathon in May 2013) must be documented in the Privacy Committee minutes.
 - c. Meeting minutes must be retained for at least six (6) years.
3. Operationally segregate all covered functions from the non-covered functions.
 - a. Where possible, staff and office space should be segregated. If staff is not segregated, the staff must not use or disclose PHI created or received in the course of, or incident to, their work for the health care component in a manner prohibited by the Privacy Standards.
 - b. Reasonably ensure information collected by the non-covered component is not filed or electronically intermingled with the designated record set.
 - c. Reasonably ensure information collected by the covered component is not filed or electronically intermingled with information collected during non-covered functions. If the information is intermingled, PHI must never be accessed by the non-covered component.
 - d. Ensure information is not shared between the covered component and the non-covered component.
 - e. Reasonably ensure information is not shared between the non-covered component and the covered component.

References:

Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information 45 CFR Part 164, Section: 164.504(a-c)

Patient Privacy Program Requirements Policy, IP.PRI.001

American Reinvestment and Recovery Act of 2009, Title XIII, Subtitle D